



Washington State Department of Agriculture
Weights and Measures Program
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CASHIER USE ONLY

3114

SERVICE AGENT / SERVICEPERSON REGISTRATION APPLICATION

Reference: RCW 19.94 and WAC 16-663

FEE: \$160.00 Per Serviceperson • Certificate Valid for One Year

Make check payable to: Department of Agriculture. Send completed application and remittance to the address above*

SERVICE AGENT BUSINESS TO BE REGISTERED

UBI / TAX REGISTRATION NUMBER		TELEPHONE NUMBER ()	
NAME OF BUSINESS			
BUSINESS ADDRESS -- Street Address			
CITY		STATE	ZIP CODE
MAILING ADDRESS (If different from above) -- P.O. Box or Street Address			
CITY		STATE	ZIP CODE
Indicate device type serviced: _____			
Business is operated as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Person in this state authorized to accept legal service: _____ NAME -- Please print			
ADDRESS -- P.O. Box or Street Address, City, State, Zip Code			

SERVICEPERSONS TO BE REGISTERED

NAME	SIGNATURE	DATE
ADDRESS		CERT #
NAME	SIGNATURE	DATE
ADDRESS		CERT #
NAME	SIGNATURE	DATE
ADDRESS		CERT #
NAME	SIGNATURE	DATE
ADDRESS		CERT #
NAME	SIGNATURE	DATE
ADDRESS		CERT #

STATEMENT

I certify that the above information is correct and that the fee enclosed corresponds to the number of servicepersons who intend to provide the examination that permits a corrected weighing or measuring device to be placed back into commercial service.

Signature of Business Rep. _____ Title _____ Date _____

ENCLOSURES

- ☐ Registration Fee: Number of Servicepersons _____ x \$160.00 = \$ _____
- ☐ Copy of seal, tag or label
- ☐ Copy of certificate(s) for test standards